



FULL FAMILY SANCTION CHECKLIST

State Form 51347 (R / 12-03) / FI 0051

Name of client	SSN or RID
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Description of non-compliance:

COMPLETED BY WORKER

Record and date the steps for Full Family Sanction.

Date (month, day, year)		Supervisor Initials
	Referred to IMPACT (<i>New applicant only</i>)	
	1st assessment appointment no show	
	2nd assessment appointment no show (<i>New applicant only</i>)	
	Notice of non-compliance sent	
	Effective date of Individual sanction	

Complete two of the following within 60 days from effective date of individual sanction.

Date (month, day, year)		Supervisor Initials
	3 phone contacts completed: 1st phone contact attempt _____ 2nd phone contact attempt _____ 3rd phone contact attempt _____	
	Home/field visit (<i>date scheduled - Record results in comments</i>)	
	2 Contact letters _____ Date of 1st letter _____ Date of 2nd letter _____	

Comments and additional steps taken to engage client:

SUPERVISOR USE ONLY

Documentation and Notices	Check	Initials
All efforts documented in CLRC or CLSC	<input type="checkbox"/>	
Copies of manual notices in file	<input type="checkbox"/>	
Viewed ICES generated notices on CNHS	<input type="checkbox"/>	

Comments:

Signature of worker	Date (month, day, year)	Signature of supervisor	Date (month, day, year)
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